RI Mental Health Summit Lightning Round Q&A's
June 8, 2015

Integrating Behavioral and Medical Health

1) *How do we incentivize effective bi-directional communication and coordination of care between PCPs and BH clinicians for members with co-morbid conditions?*

2) *What are the 3 most significant challenges for Community Mental Health Centers and BH clinicians to integrate medical care for members with behavioral health?*

3) *What are the 3 successful innovations that have been implemented over the past 12 months to promote integrated care across the delivery system in Rhode Island?*

- Pay for time-primary care physicians and behavioral health clinicians spend conferring
- Incentivize collaboration
- Challenges are time to confer, lack of economic incentives, and expense
- Need initial capital for integration
- Centralization of Medicaid dollars in EOHHS
- Provide clearer understanding of information exchange
- Address patients' fears
- improve health literacy so people feel more comfortable
- Provide incentives such as free YMCA membership

- Stigma in the community and the time it takes to coordinate care are challenges
- Look at all the factors involved in good health including nutrition
- Look at gaps in services - increase the use of peers to assist people in making appointments
- Dry DOC in the Department of Corrections has been very successful – look at developing a recovery community center in the DOC
- Challenge: obtaining psych services
- Challenge: prior authorizations for collaboration
- Use more pharmacists
- Challenges: sharing protected information, respecting each other's competencies
- Train first responders
- Challenges: additional time it will cost primary care service providers; not everything is easy to determine
- When looking at outcomes, don't focus on easy indicators - focus on everything
- Develop guidelines to train behavioral health integration staff-- have basis for what it means – what are my obligations in this new field and how can we measure outcomes. We need to develop standards.
- Look at other pilots to adopt standards
- Learn how to leverage technology for communication between practices

- Challenges: defining role of health department; there are multiple electronic databases and they don't communicate – it takes time for physicians to search
- Successes in OTP health homes: people coming in for treatment are getting care coordination and case management, resulting in fewer ER visits
- Challenge: silos - people don't know about it or see the improvements being made
- Use universal screening tools to assess
- Move toward population management and value-based purchasing
- Challenge: transgender individuals are most at risk for anything health-related.
- Challenge: time frames: we want to implement this well. We need to get payments for workforce development and we need to know how soon we can get certified peer specialists
- Need to help people to get certified as peer specialists
- Importance of prevention and communication - how do we get people affordable housing? There is a long wait for housing. People need stability.
- There is a need for coordination of housing and treatment
- State should provide updated directory for facility services
- There is a difference between stigma and discrimination - there needs to be a common language
- The definition of recovery in the medical arena and the behavioral health arena are different. There needs to be a

common language. There is a need to understand what we are saying when saying the word

- Recovery can apply to all illnesses – the dialogue between physical and mental health professionals has greater implications